



Kinder Morgan Liquids Terminals, LLC

Ms. Annie Hill
Department of Environmental Quality
Northwest Region
2020 SW 4th Avenue, Suite 400
Portland, OR 97201

March 25, 2005

*mailed 3/25/05
K&H*

Site: Kinder Morgan Liquids Terminals, LLC
Linnton Terminal
11400 St. Helens Road
Portland, OR
File No. 32300

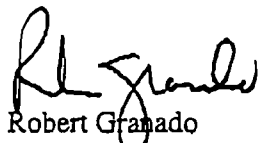
Re: Renewal Application for NPDES Permit No. 1500-A

Dear Ms. Hill:

Please find enclosed a completed application and fees for renewal of National Pollutant Discharge Elimination System (NPDES) Permit No. 1500-A for the above referenced site.

If you require any further information or have any questions regarding this application, please contact Steve Osborn at 707.249.1633.

Sincerely,



Robert Granado
Manager - Environmental Compliance
For KMLT, LLC

Enclosures

USEPA SF



1288101

bcc: Wally Stevenson, Linnton Terminal
Steve Osborn

Linnton
NPDES: Permit No. 1500A for Remediation Operations
File No. 32300 Expires June 30, 2005

| | | | |
|----------------------|---|------------------------|--|
| Site Address: | 11400 St. Helens Road Portland, OR 97210 | Agency Contact: | DEQ, Elliot Zais 503.229.5292 |
| Site Contact: | Wallace Stevenson 503.220.1263 | Consultant: | Delta Env., Scott Miller 503.639.8098 |
| Sampler: | Delta Env., Scott Miller 503.639.8098 | Laboratory: | Columbia Inspection 503.286.9464 |

Waste Stream: water contaminated with petroleum hydrocarbons from groundwater or surface water cleanup.
Discharge Points: Willamette River
Treatment System: sand filters and carbon vessels; system start up on 7/13/04
Carbon Changeout: 7/1/2004

***Effluent monitoring should be measured:**

- daily during the first five days of discharge
- weekly during the first month of discharge
- monthly during the second through sixth month of discharge
- quarterly after six months from start-up

| Sample Parameter | Frequency | Sample Type | Laboratory Method | Discharge Limit |
|------------------|------------------|-------------|-------------------|-----------------|
| Flow | *see notes above | estimate | -- | -- |
| pH | *see notes above | grab | Method 9040B | 6.0<pH<9.0 |
| TPH | *see notes above | grab | NWTPH | 1.0 mg/L |
| Benzene | *see notes above | grab | Method 8260B | 0.025 mg/L |
| BTEX | *see notes above | grab | Method 8260B | 0.25 mg/L |
| Lead | *see notes above | grab | Method 7421 | -- |

| | | |
|-----------------------------------|--|--|
| Reporting Requirements | Submittal Frequency | Due Dates |
| Monitoring Reports | monthly during weekly and monthly monitoring | by the 15th of the following month |
| summarize volume of water treated | quarterly during quarterly monitoring | by the 15th of the month following quarter end |
| laboratory reports | | |

| DEQ USE ONLY | |
|----------------|--|
| Application #: | |
| File #: | |
| Mail ID #2/H9: | |
| LLID/RM: | |
| ACD Fee Paid: | |
| DOC Conf: | |
| Notes: | |

**RENEWAL APPLICATION
NATIONAL POLLUTANT DISCHARGE
ELIMINATION SYSTEM PERMIT
(NPDES-R)**



Oregon Department of Environmental Quality

| DEQ USE ONLY | |
|---|--|
| Received: | |
| Amount Received: | |
| Check #: | |
| Deposit #: | |
| <input type="checkbox"/> IND <input type="checkbox"/> DOM <input type="checkbox"/> UIC: | |
| Notes: | |

A. REFERENCE INFORMATION

| | |
|--|--|
| 1. Legal Name: Kinder Morgan Liquids Terminals, LLC | 2. Common Name: Linnton Terminal |
| 3. Permit #: 1500-A DEQ Site ID#: 32300 Permit Expiration Date: June 30, 2005 | 4. Facility Physical Address: 11400 St. Helens Road City, State, Zip Code: Portland, OR 97210 County: Multnomah |
| 5. Responsible Official: Steve Osborn Mailing Address: KMEP Rocklin Station P.O. Box 1318 | Telephone #: (707) 249-1633 City, State, Zip Code: Rocklin, CA 95677 |
| 6. Facility Contact: Wally Stevenson Facility Mailing Address: 5880 NW St. Helens Road | Telephone #: (503) 220-1254 City, State, Zip Code: Portland, OR 97210 |
| 7. Invoice to: Steve Osborn Billing Address: P.O. Box 1318 | Telephone #: (707) 249-1633 City, State, Zip Code: Rocklin, CA 95677 |

B. REQUIRED INFORMATION

(EPA Form 2A, 2B, 2C, 2E, or 2F must also be submitted with this application)

| |
|---|
| 1. Briefly describe the permitted facility, type of wastewater, and primary method of wastewater treatment and disposal: The environmental cleanup system at the site was installed to clean up a release of petroleum fuel products from the terminal operations. The system includes a series of five groundwater recovery wells that recover free product and shallow groundwater. Free product is recycled offsite. Extracted groundwater is treated with a sand filter and two activated carbon units connected in series prior to discharge to the Willamette River. |
| 2. Have the treatment or disposal methods employed, as indicated in previous applications, been altered in any way since the last application was submitted? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES," explain: |
| 3. Has the quantity or quality of wastes discharged, as indicated in previous applications, been significantly changed in any way since the last application was submitted? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES," explain: |
| 4. If there are any changes anticipated in the near future that would affect waste quantity or quality, attach an explanation or proposal. N/A |
| 5. Review each condition of your current permit and attach a brief report that indicates your progress in meeting the requirements, limitations, and compliance schedules of the permit. N/A |
| 6. If the permitted facility or operation is a domestic wastewater treatment plant, attach a copy of your Biosolids Management Plan. N/A |

C. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief. In addition, I agree to pay all permit fees required by Oregon Administrative Rules 340-45. This includes a renewal application fee to renew the permit and a compliance determination fee invoiced annually by DEQ to maintain the permit.

Robert Granado

Manager, Environmental Compliance

Name of Legally Authorized Representative (Type or Print)

Title

Signature of Legally Authorized Representative

Date

Form
2E
NRDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. Receiving Waters

For this outfall, list the latitude and longitude, and name of the receiving water(s).

| Outfall Number (list) | Latitude | | | Longitude | | | Receiving Water (name) |
|-----------------------|----------|-----|-----|-----------|-----|-----|------------------------|
| | Deg | Min | Sec | Deg | Min | Sec | |
| 001 | 45 | 36 | 11 | -122 | 47 | 13 | Willamette River |

II. Discharge Date (If a new discharger, the date you expect to begin discharging)

III. Type of Waste

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes
 ☐ Restaurant/Cafeteria Wastes
 ☐ Noncontact Cooling Water

☒ Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. Effluent Characterization

A. Existing Sources: Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers: Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of measurements taken, provide the source of estimated values (see instructions).

| Pollutant Parameter | (1) Maximum Daily Value (Include units) | | (2) Average Daily Value (last year) (Include units) | | (3) Number of Measurements Taken (last year) | (4) Source of Estimate (if not discharged) |
|--|---|---------------|---|---------------|--|--|
| | Mass | Concentration | Mass | Concentration | | |
| Biochemical Oxygen Demand (BOD) | N/A | | | | | |
| Total Suspended Solids (TSS) | N/A | | | | | |
| Fecal Coliform (If believed present for sanitary waste discharged) | N/A | | | | | |
| Total Residual Chlorine (If chlorine is used) | N/A | | | | | |
| Oil and Grease | N/A | | | | | |
| Chemical Oxygen Demand (COD) | N/A | | | | | |
| Total organic carbon (TOC) | N/A | | | | | |
| Ammonia (as N) | N/A | | | | | |
| Discharge Flow | Value 4,337 gallons/day | | 2,152 gallons/day | | 5 | |
| pH (range) | Value 6.8 | | 6.9 | | | |
| Temperature (Winter) | N/A | °C | | °C | | |
| Temperature (Summer) | N/A | °C | | °C | | |

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☒ No
 If yes, briefly describe the frequency of flow and duration.

VI. Treatment System (Describe briefly any treatment system(s) used or to be used.)

The environmental cleanup system at the site was installed to assist with the cleanup from a release of petroleum fuel products from the terminal operations. This environmental cleanup system includes a series of five groundwater recovery wells that recover free product and shallow groundwater at the site. Free product is recovered with product-only skimmer pumps and the recovered product is taken offsite for recycling. Extracted groundwater is treated at the site with a sand filter unit and two 400-cubic-foot activated carbon units connected in series prior to discharge to the Willamette River. The treated groundwater is discharged to the Willamette River at a single outfall location under a 1500A General NPDES discharge permit (DEQ File Number 32300).

VII. Other Information (Optional)

Use the space below to expand upon any of the above questions and bring to the attention of the reviewer any other information you feel should be considered in establishing a permit. Attach additional sheets if necessary.

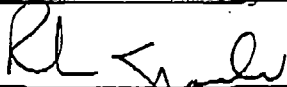
VIII. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title

Robert Granado Manager, Environmental Compliance

C. Signature



B. Phone No. (area code & no.)

(714) 560-4873

D. Date Signed

032605